

Women Obstetricians in New York and the State Abortion Law

SYLVIA WASSERTHEIL-SMOLLER, Ph.D., CHARLES B. ARNOLD, M.D.,
RAYMOND C. LERNER, Ph.D., and SUSAN L. HEIMRATH, B.S.

"A YOUNG WOMAN who was entering a residency in obstetrics-gynecology expressed the desire to bring a female approach to the profession. . . . Since women are also, quite naturally, attracted to the birth process, it seems likely that they will continue to enter obstetrics-gynecology." This quote is from a book entitled "Women in Medicine" published in 1968 (1). What are some of the professional and personal characteristics of women obstetrician-gynecologists? And what indeed is the "female" approach to the profession? Particularly, what is the "female" approach to abortion?

Certainly because obstetrics deals with issues of such personal significance to the women patients, one might expect a higher proportion of women physicians to enter obstetrics than to chose other specialties. But, in fact, we have found that in New York State at least, the proportion of obstetrician-gynecologists who are women is approximately the same as the proportion of women physicians in general. The largest percentages of women physicians specialize in pediatrics, psychiatry, or internal medicine (2). But what of the women who do go into obstetrics? Are their atti-

Dr. Wassertheil-Smoller, Dr. Arnold, and Dr. Lerner are assistant professors, and Mrs. Heimrath is a research associate, Albert Einstein College of Medicine. This research was funded by grants from the Population Council and the New York Foundation. Tearsheet requests to Dr. Sylvia Wassertheil-Smoller, Department of Community Health, Albert Einstein College of Medicine, 1300 Morris Park Ave., Bronx, N.Y. 10461.

tudes toward abortion more favorable than those of their male colleagues?

To investigate these and other issues relating to attitudes of physicians toward abortion, a survey was made in July–August 1970 and in January 1971 of a 50 percent sample of all New York State physicians who claimed obstetrics-gynecology as their primary or secondary specialty.

The physicians were interviewed regarding their attitudes toward various aspects of the new abortion law, their experience with the different abortion techniques, and the fees they charge. Answers to survey questions were related to demographic data on physicians including such variables as board certification, nature of professional activities, religion, and marital status.

The first part of the survey was made just at the inception of the new liberal abortion law in New York State, and then the same physicians were resurveyed after the law had been in effect for 6 months.

The focus of this paper is on the demographic differences between men and women obstetricians and the differences in their attitudes toward abortion. Other aspects of the survey, such as the details of the methodology, physician willingness to perform abortions, and physician experience with abortion techniques, have been reported elsewhere (3–6).

Method

For the first round of the survey the American Medical Association's tape-file of all physicians with a specialty or primary interest in obstetrics

and gynecology was obtained. A letter was sent to every other physician listed on the file. It explained that the physician would be contacted by a representative of the National Opinion Research Council for a 10-minute telephone interview regarding abortion and asked for his cooperation. Of 3,020 physicians listed on the file as specializing in obstetrics and gynecology, the letter was sent to 1,510 physicians, or 50 percent. Of these, there were 136 who were not eligible to participate because of death, retirement, or relocation, leaving a total of 1,374 physicians in the sample universe. Of these, 10.1 percent could not be located and 6.4 percent refused to be interviewed. Of the original sample, 1,146, or 83.4 percent, were included in the first round of the survey.

For the second round 6 months later, the same 1,146 were again contacted by telephone. This time 996 responded to the interview.

A comparison of the 996 physicians responding on the second round with the 1,146 responding on the first round showed that the demographic composition of the two groups was similar. An analysis of the 150 nonrespondents in the second round about the attitude toward abortion they had expressed on the first round indicated that their attitudes were distributed similarly to the entire group surveyed in the first round (6); that is, the loss from this group of 150 on the second round did not bias the overall results.

The precoded questionnaire forms were edited, keypunched, and merged with the demographic data on the AMA tape-file and analyzed at the Albert Einstein College of Medicine Computer Center.

The results described in this paper refer to the second round of the study. Significant changes in the attitudes of the physicians during the 6 months between the first and second rounds are noted and explained.

Results—Professional Profile

In table 1 the professional patterns of male compared with female obstetricians are shown. Of all New York State physicians who claimed obstetrics-gynecology as their primary or secondary specialty, 11.1 percent were women. The proportion of physicians in general who are women has been reported as 8 percent by Williams (7) and 12 percent by Powers and co-workers (8).

Only 13 percent of the women obstetricians were board certified in contrast to 49 percent of the men. Since a larger proportion (36 percent)

of the women physicians were residents in comparison with the men (17 percent), board certification was also analyzed after removing residents from both samples. Of physicians who were not residents, 20 percent of the women compared with 59 percent of the men were board certified, representing an even greater differential.

The proportion of women obstetricians who received their medical education in a foreign country was more than twice the proportion of men who were foreign trained. The women obstetricians tended to be younger than the men. In fact, it seemed that a relatively larger proportion of the women who were residents in obstetrics in U.S. hospitals were foreign trained.

Women were less likely to be in private practice than were the men. Forty-five percent of the women were engaged in private practice compared with 71 percent of the men. Excluding residents of both sexes from this consideration resulted in a narrowing of the gap, although the difference was still statistically significant. This tendency of women not to be as widely engaged in private

Table 1. Professional profile of all male and female obstetrician-gynecologists in New York State, percent of each sex

Characteristics	Female (N=336)	Male (N=2,684)
Distribution of all obstetrician-gynecologists in New York State..	11	89
Medical education:		
Board certified ¹	13	49
Foreign trained ¹	66	30
Graduated from medical school after 1960 ¹	44	23
Nature of professional activities:		
In private practice ¹	45	71
Not in private practice.....	48	24
Not engaged in direct care of patients.....	6	5
Detail of professional activities:		
Full-time specialty practice ¹	38	62
General practice with specialty interest.....	9	9
Resident ¹	36	17
Full-time staff in hospital service ¹	13	7
Other.....	4	4
Place of practice:		
Practicing in cities of 100,000 and over ¹	86	69
Source of income:		
Fee-for-service only (individual partnership or group practice) ¹	36	26
Full-time salary only ¹	53	
Other (combinations of part-time, fee-for-service, salary, and group practice).....	11	19

¹ P <0.001, based on chi-square tests.

practice as the men obstetricians is also reflected in the fact that 13 percent of the women compared with 7 percent of the men worked as full-time staff in hospital service. These figures are exclusive of the obstetrical residents of both sexes. These results were similar to the ones reported by Powers and co-workers (8) who stated that 13 percent of women physicians in general were employed by hospitals, and 48 percent were self-employed. The women obstetricians tended to practice in larger cities than did the men obstetricians. Of the women, 86 percent practiced in cities with populations of 100,000 and over in comparison with 69 percent of the men.

Thus, it appeared that the women obstetricians were not as well trained medically as the men. This difference in training is indicated by the lower percentage of women who are board certified. Whatever the reason for the disparity, a woman randomly seeking a woman obstetrician for an abortion in New York State is less likely to find one that is board certified.

Women practitioners are also more likely to choose institutional practice. The working hours in institutions tend to be regular and shorter than in private practice, thus, more conducive to the planning required to combine family responsibilities with a career. It could be, too, that patients seeking fee-for-service care prefer men practitioners, thus placing women practitioners in an unfavorable competitive position. Whatever the reasons, however, strong social forces are at work creating the gap in New York between men and women obstetricians in private and institutional practice.

Results—Personal Profile

The personal demographic data for male and female obstetrician-gynecologists for the sample of 996 physicians interviewed in January 1971 regarding their attitudes toward abortion are shown in table 2. Information on religion, marital status, and race and ethnicity was not available on the AMA's record tape; therefore, such information was collected in the field in our study. In this sample, 8 percent of the physicians were women.

The women obstetricians were less likely to be Jewish (17 percent) than the men (35 percent) and were more likely to be Catholic or specify another religion. Most persons in the group who classified themselves in other religious categories were Hindus and Buddhists. The larger proportion of Catholic women is especially pronounced

Table 2. Personal profile of 996 male and female obstetrician-gynecologists in New York State, percent of each sex

Characteristics	All physicians		Obstetrical residents	
	Female (N=82)	Male (N=914)	Female (N=31)	Male (N=82)
Distribution of sample of obstetrician-gynecologists in New York State	8	92	18	82
Religion ¹ :				
Jewish	17	35	10	24
Catholic	35	29	55	26
Protestant	22	20	0	17
Other	25	15	35	32
Marital status ² :				
Married	62	90	45	83
Never married	30	5	52	17
Separated, divorced, or widowed	5	3	3	0
No response	2	1	0	0
Color ³ :				
White	63	89	31	57
Black	2	2	3	4
Other	34	9	66	39

¹ $P < 0.001$, based on chi-square tests of sex by religion for all physicians and for obstetrical residents only.

² $P < 0.001$, for sex by married compared with not married for all physicians and for obstetrical residents only.

³ $P < 0.001$ for sex by color for all physicians; $P < 0.01$ for sex by color for obstetrical residents only.

among obstetrical residents. In our sample, 55 percent of the women obstetrical residents were Catholic compared with 26 percent of the men obstetrical residents.

A smaller proportion (63 percent) of the women were white as compared with 89 percent of the men who were white. A larger proportion of the women, 34 percent compared with 9 percent of the men, were in the other category. This category consisted mostly of Orientals or Indians, and these women were largely residents. In fact, among women obstetrical residents, 66 percent were in the other race category compared with 39 percent of the men obstetrical residents. This observation was consistent with the observation that two of three women obstetricians are educated in medical schools outside the United States.

Of particular interest was the marital status of the women compared with that of the men. Only 62 percent of the women were presently married as compared with 90 percent of the men. Among the obstetrical residents, 45 percent of the women and 83 percent of the men were married. In both the younger and older age groups, more of the men than the women were married. This differ-

ential may be attributed partly to the difficulty of combining a career as demanding as medicine with marriage. Many married professional women, in addition to their responsibilities outside the home, were also responsible for managing the household and for child rearing; thus they had a dual job. Of the 55 women who were married 13, or 24 percent, had no children.

This estimate from our data (that one of four married women obstetricians had no children), varied somewhat from the study of Radcliffe graduates who are physicians (9). Approximately 50 percent of this group of married women physicians were reported as being childless. Age and differences in specialty could account for that discrepancy. In our sample, only one of these 13 childless married women was Catholic; the remainder were about evenly distributed among other religions. Of the women who were not married, 70 percent were Catholic. Among the 29 Catholic women obstetricians, 16 or 55 percent were not married. It may be that for Catholic women medicine is a vocation.

Results—Attitudes Toward Abortion

Because the profile of women obstetricians was different from that of the men, we might expect that there would also be differences in their attitudes toward issues related to abortions.

Attitudes toward new State abortion law. The following question was asked of the survey participants: "The New York State Abortion Act allows a woman to have an abortion if she and her doctor agree that it should be performed. Are you in favor of this law or are you opposed?" On the whole, women were less likely to be in unqualified favor of the law than were men; 56 percent of the women were in favor of the law in contrast with 68 percent of the men (table 3). This difference was statistically significant at the 0.01 level.

When the residents were considered as a group alone, 35 percent of the women were in unqualified favor of the law compared with 74 percent of the men obstetrical residents. It appeared that the group of women residents, who were largely Catholic or foreign, or both, were the ones who were opposed to the liberal abortion law. When we looked for differences in attitude of physicians within the various religious groups, we could see that the major difference occurred in the group categorized as other; it was primarily in this group that the women obstetricians were less in favor of the law than were the men; these were largely the foreign women residents. A graphic representation of the data is shown in the chart.

The Catholic women also seemed to be slightly less in favor than the Catholic men, although

Table 3. Physicians' attitudes toward abortion, by religion and sex, January 1971, percent of each sex

Attitudes	Jewish		Catholic		Protestant		Other		Total	
	Female (N=14)	Male (N=322)	Female (N=29)	Male (N=268)	Female (N=18)	Male (N=182)	Female (N=19)	Male (N=122)	Female (N=82)	Male (N=196)
Attitudes toward State abortion law:										
In favor.....	93	91	21	32	78	71	63	¹ 81	56	² 68
In favor with qualifications.....	7	7	14	7	16	12	21	4	17	8
Opposed.....	0	2	65	60	6	16	11	12	27	24
Do not know.....	0	0	0	0	0	1	0	2	0	0
Willingness to perform abortions:										
Yes.....	71	89	17	17	67	69	47	170	44	² 61
Yes, under certain circumstances.....	0	5	3	3	11	12	21	7	9	6
No, but would refer to another medical source.....	28	6	55	56	17	19	26	18	37	25
No, and would not refer.....	0	0	17	24	6	0	5	4	9	8
Attitude toward contraception following abortion:										
Recommend contraception but do not state a specific contraceptive.....	50	³ 20	17	15	44	² 15	37	20	33	⁴ 18
Recommend intrauterine device.....	14	12	10	8	0	4	5	12	7	10
Recommend pill.....	21	³ 59	41	55	50	³ 75	53	62	43	⁴ 61
Do not recommend contraception.....	0	1	28	8	0	1	0	0	10	3

¹ $P < 0.10$. ² $P < 0.01$. ³ $P < 0.05$. ⁴ $P < 0.001$.
NOTE: Probability values refer to chi-square tests of

significance computed for 2×2 contingency tables, that is, sex by the corresponding attitude.

these differences were not statistically significant. Those physicians who stated they were in favor of the law with qualification were generally opposed to the 24-week provision of the law, that is, they would favor the law if a lower maximum gestational age at which abortions could be performed was established.

Willingness to perform abortions. The following question was asked: "Some physicians have stated that in principle they would not perform abortions. We are interested in your view. If there are no medical contraindications would you agree to perform an abortion or not?" Forty-four percent of the women compared with 61 percent of the men were willing to perform abortions without any qualifications (table 3). This difference was statistically significant at the 0.01 level. Among physicians who were obstetrical residents, 35 percent of the women in comparison with 67 percent of the men were willing to perform abortions; this difference was also statistically significant. Although one would expect that the new generation of women obstetricians would be more liberal with respect to performing abortions, our data showed a contrary trend.

Of the Jewish physicians, 71 percent of the women and 89 percent of the men were willing to perform abortions. Those women who were not willing to perform abortions would refer patients to another medical source. None of the Jewish physicians would refuse to perform abortions or to refer. Within the Catholic and Protestant group the responses of the women and men did not differ on this question, although among the Catholics in general, many fewer physicians were willing to perform abortions than among the Prot-

estants. In the group categorized as other, 47 percent of the women and 70 percent of the men were willing to perform abortions. This difference probably reflects the unfavorable attitude of the foreign women obstetrical residents toward abortion.

Attitudes toward contraceptives following abortion. The following question was asked: "What method of contraception do you most recommend for women who have had abortions?" The most frequently recommended method of contraception following abortion was the pill. A significantly smaller proportion of the women obstetricians recommended this method unequivocally, however, than did the men. Forty-three percent of the women and 61 percent of the men recommended the pill, a difference that is statistically significant at the 0.001 level. These differences persist within each religious group.

Data not presented in this paper showed that while 61 percent of the male physicians favored the pill in January 1971, only 53 percent had favored it 6 months earlier at the inception of the law. This 7 percent increase in favorability was statistically significant. The attitude of the women obstetricians toward the pill did not change over this period of time. In other words, the men were increasingly willing to recommend the pill as a method of contraception. The women on the other hand were more likely, within each religious group, to recommend contraception, but not a specific method of contraception, that is, they would tend to say, "It depends on the situation."

Why are the men more likely to favor the pill, and the women more likely to be flexible? Is it that the women obstetricians are more personally

Table 4. Number of abortions performed, by sex, during 1 week, January 1971

Responses	Female mean	Standard error ¹	Male mean	Standard error ¹	Total mean	Standard error ¹	P< ²
Favor of free abortions ³	1.83	0.58	3.52	0.32	3.41	0.30	0.05
Against.....	.57	.29	4.27	.74	3.96	.68	.001
P value less than ⁴10	N.S.			N.S.		
Favor of abortions for out-of-State residents..	1.76	.61	4.16	.36	4.00	.34	.001
Against.....	1.40	.87	1.45	.37	1.44	.35	N.S.
P value ⁴	N.S.		.001		.001		
Total, sample mean.....	1.62	.49	3.62	.29	3.49	.28	0.001

¹ The standard error is equal to $\frac{\text{standard deviation}}{\sqrt{N}}$.

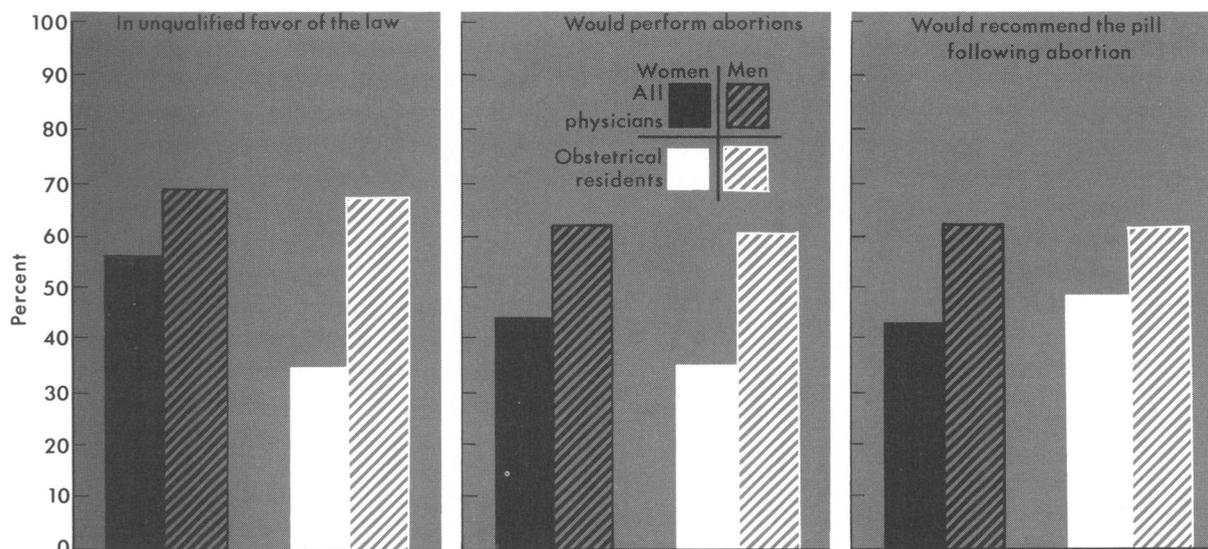
² Probability values refer to *t* test of the differences between means for male compared with female.

³ Paid for by government for women who can not afford abortions.

⁴ Probability values refer to *t*-tests of the differences between means for those in favor compared with those not in favor.

NOTE: Information based on responses of physicians who stated they would perform abortions. N.S.—not significant.

Physicians' and obstetrical residents' attitudes toward abortion, by sex, January 1971



responsive to the possible ill effects of the pill, and, therefore, more cautious in prescribing it? Are they more sensitive to the needs of the individual patient and, therefore, more likely to try to find a method of contraception most suitable to each individual woman? One can only speculate on the interpretation of these observations.

The physicians were also asked the following question: "Do you feel that women who cannot afford the cost of an abortion should have available to them, free abortion services, that is, paid for by the government?" On this issue the men and women agreed—84 percent of each group were in favor.

On the question of abortion services for out-of-State residents, physicians were asked the following question: "Assuming there were adequate facilities, do you think residents of other States should be allowed to have abortions in New York State, or should they not continue to be allowed to?" Again on this issue, the men and women obstetricians agreed—79 percent of each group were in favor of abortions for out-of-State residents. These percentages were based on the group of physicians who stated they were willing to perform abortions. Thus, we believe these figures represented those physicians who were most responsible for carrying out the intent of the new abortion law. There were 43 women and 612 men in this group.

Number of abortions performed. Physicians were asked the following question: "Various esti-

mates have been made of the number of women now seeking abortions. How many abortions have you performed in your last full working week?" The analyses of the responses to this question are shown in table 4. First, we can see that men reported performing a significantly higher number of abortions ($P < 0.001$) than did the women. The men performed an average of 3.62 abortions, and the women performed an average of 1.62 in the past week.

Attitudes toward social issues such as free abortion and abortions for out-of-State residents were analyzed by mean number of abortions performed by those in favor and those opposed. In all groups, with one exception, the men performed a significantly greater number of abortions than did the women obstetricians. The one exception was among those opposed to abortions for out-of-State residents. In this group, men and women performed the same mean number of abortions per week.

In the total sample, there was no difference between the mean number of abortions performed by those in favor of free abortion for low income women and those opposed. The mean number performed by those in favor of abortions for out-of-State residents, however, was significantly greater than for those opposed. This higher average may indicate that those physicians who perform more abortions would like to have the additional income from out-of-State patients. Other data we collected, not included here, corroborate

this speculation, indicating that the physicians in favor of abortions for out-of-State residents charge a significantly higher fee (mean=\$240) for abortion than those opposed (mean=\$217).

Experience with abortion techniques. Because male physicians were performing more abortions than female physicians, we would expect that the men were more experienced with the techniques used for abortion than were the women. The percentage of physicians of each sex who used the techniques of vacuum aspiration and hypertonic saline instillation are shown in table 5.

For both techniques, a significantly larger proportion of male obstetricians had used the technique than had female obstetricians; 66 percent of the males and 51 percent of the females had used vacuum aspiration, and 57 percent of the males and 41 percent of the females had used hypertonic saline instillation. These differences were statistically significant at the 0.05 level for the vacuum aspiration and 0.01 level for the hypertonic saline instillation.

When we looked at the group of residents we found that although, in general, they had more experience with these abortion techniques than the older physicians, the discrepancy in experience between the men and the women still persisted.

The differences in experience between the male and female physicians with the abortion tech-

niques were particularly apparent among the Jewish physicians—84 percent of the male and 36 percent of the female Jewish physicians had used vacuum aspiration, and the corresponding figures for hypertonic saline instillation were 71 percent of the men and 36 percent of the women. Thus, it was apparent that the female obstetricians were not as experienced in the use of these techniques as were the males and, possibly for this reason, they did fewer abortions than did the males. This disparity may also exist because a smaller proportion of the female obstetricians were board certified than were the male obstetricians and, in other data we analyzed but have not shown here, board certified physicians in general tended to have more experience in the abortion techniques than those not board certified.

The relative lack of certification implies that the women physicians were not as well trained as were the men physicians and that this deficiency in training was reflected in their relatively smaller experience with abortion techniques and the smaller number of abortions that they actually performed. The disparity in experience between the men and women among the obstetrical residents may be due to the more conservative attitudes on abortion of the women residents or because they are given less opportunity to perform abortions.

Table 5. Physicians' experience with abortion techniques, by religion and sex (percent of each sex who used techniques)

Religion	Number	Vacuum aspiration	Hypertonic saline instillation
Jewish:			
Females.....	14	36	36
Males.....	322	¹ 84	² 71
Catholic:			
Females.....	29	48	31
Males.....	268	35	34
Protestant:			
Females.....	18	72	44
Males.....	182	74	58
Other:			
Females.....	19	47	58
Males.....	122	³ 75	68
Total:			
Females.....	82	51	41
Males.....	914	2 66	4 57
Total, obstetrical residents:			
Females.....	31	68	55
Male.....	138	77	³ 74

¹ $P < 0.001$. ² $P < 0.02$. ³ $P < 0.05$. ⁴ $P < 0.01$.

NOTE: For chi-square analyses, the categories were female or male who used or did not use the technique.

REFERENCE

- (1) Lopate, C.: Women in medicine. Johns Hopkins Press, Baltimore, Md., 1968.
- (2) Renshaw, J. E., and Pennell, M. Y.: Distribution of women physicians, 1969. *Woman Physician* (New York) 26: 187-191, April 1971.
- (3) Wassertheil, S., Arnold, C. B., Lerner, R. C., and Heimrath, S.: New York State physicians and the social context of abortion. *Am J Public Health*. In press.
- (4) Wassertheil, S., Arnold, C. B., and Lerner, R. C.: New York State obstetricians and the new abortion law: physician experience with abortion techniques. Department of Community Health, Albert Einstein College of Medicine, Bronx, N.Y., 1971.
- (5) Lerner, R. C., Arnold, C. B., and Wassertheil, S.: New York's obstetricians surveyed on abortion. *Family Planning Perspectives* 3: 56, January 1971.
- (6) Lerner, R. C., Arnold, C. B., and Wassertheil, S.: New York State obstetricians and the new abortion law. Report to the Population Council, Department of Community Health, Albert Einstein College of Medicine, Bronx, N.Y., June 1970.
- (7) Williams, M. J.: Under employment of women physicians. *Ann Intern Med* 71: 862, 863, October 1969.
- (8) Powers, L., Wiesenfelder, H., and Parmelee, R.:

WASSERTHEIL-SMOLLER, SYLVIA (Albert Einstein College of Medicine), ARNOLD, CHARLES B., LERNER, RAYMOND C., and HEIMRATH, SUSAN L.: *Women obstetricians in New York and the State abortion law. Health Services Reports, Vol. 87, April 1972, pp. 328-335.*

A survey in July-August 1970 of a 50 percent sample of all obstetrician-gynecologists in New York State, and a resurvey in January 1971, assessed the attitudes and experience of the physicians with the 1970 liberalized State abortion law.

Comparisons of the professional profiles of male and female obstetricians were based on all the 3,020 physicians in New York State who listed obstetrics as their primary or secondary specialty on the tape-files of the American Medical Association. Other comparisons relating to personal characteristics, experience with abortion techniques, and attitudes toward abortion were based on the 996 physicians who participated in both rounds of the survey.

The data showed that women obstetricians were considerably less likely than men to be board certified (13 percent of the women compared with 49 percent of the men). The women were less likely to be in private fee-for-service practice and more likely to be in institutional practice in larger cities than the men. Sixty-two percent of the women were married compared with 90 percent of the men and of those women who were married, about 24 percent were childless.

The men obstetricians had significantly more experience with the abortion techniques of vacuum aspiration and hypertonic

saline instillation than did the women, and the men performed a significantly greater number of abortions per week. The male-female differences in experience were particularly apparent among Jewish physicians. Regarding method of contraception, the women were less likely to recommend the pill than were the men. When all obstetrical residents were excluded from analysis, the professional differences between men and women physicians were still apparent. Age or level of professional training, therefore, did not account for these contrasts.

With regard to attitudes toward abortion, the women obstetricians as a whole were slightly less in favor of abortion on request of the patient than were the men. A smaller proportion of the women (44 percent) stated without qualification that they were willing to perform abortions than the men (61 percent). This difference was primarily attributable to the less favorable attitude toward abortion held by the women obstetrical residents. More than half of the women residents were Catholic compared with approximately one-quarter of the men residents who were Catholic. Two-thirds of the women obstetrical residents compared with 39 percent of the men residents categorized their race as "other" which consisted primarily of persons of Oriental or Indian origin.

The vast majority of both men and women agreed that abortion services should be available to out-of-State residents, and that they should be free (paid for by the government) for women who couldn't afford to pay.

It appears from this study that the personal characteristics and the patterns of professional practice and training differ between men and women obstetricians. Currently women obstetricians are less medically qualified to perform abortions and indeed the women do perform fewer abortions than the men. In fact the incoming young women physicians, the obstetrical residents, are even more reluctant to do abortions than their male counterparts.

Apart from the current group of women obstetrical residents, who are largely Catholic or foreign trained, or both, and more conservative in their attitude toward abortion, the views of the men and women obstetricians on social issues relating to abortion were comparable. The increased differences in attitude toward abortion between men and women obstetrical residents underscores the need for leaders in obstetrics and gynecology to encourage women with more balanced backgrounds to enter the field and to provide training which fosters a better understanding of the social context of abortion.